



# Wellbeing:

cultivating a landscape for growth

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# Physical and Mental Health Connection

- The symbiotic relationship between mind and body is no new phenomenon
- Socrates urged that 'you cannot split mind from body' and the consideration of how one impacts the other.
- However, reviewing supports provided to individuals has shown a tendency to address of one or the other.
- Only more recently is the relationship between the two receiving more relational attention.



# Defining wellbeing

According to the Mental Health Foundation:

- ‘Wellbeing can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.’
- It takes into consideration matters relating to individual’s health, happiness and success. It includes having good mental health, high life satisfaction, and a sense of meaning or purpose. [www.psychologytoday.com](http://www.psychologytoday.com)



# Factors Affecting Wellbeing

(I.ROC, Penumbra)

**Early Life:** {Genetics, Experiences, Trauma, Education}

**Mental Health:** {Illness, Confidence, Resourcefulness, Connectedness, Hopefulness,}

**Physical Health:** {Illness, Pain, Diet, Addiction, Fitness}

**Situation:** {Home, Personal Safety, Poverty, Debt, Inequality, Opportunity, Gender}



# Setting the Context....

- At any one time, around 1 in 6 of us experiences a mental health problem.
  - Increasing prevalence in children over 5 years (10%) (Blair *et al*, 2003)
  - Disabilities or chronic health conditions – 3-4 times higher risk of developing anxiety or depression.
- No health without mental health: implementation framework (DoH, 2012)

*'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential'*

- *'if we are to improve people's mental health and wellbeing, everyone needs to play their part'*



# Scotland

- National Health and Wellbeing Outcomes: Framework (Scot. Gov, 2015)
- Mental Wellbeing – National Indicator
- Joint Working (Scotland) Act, 2014
- Mental Health Strategy 2017-2027 – 10 year vision:
  - parity between mental and physical health
  - *‘where people will be able to get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma’*
- Scottish Government have committed to working with local authorities, health boards and a range of public, private and voluntary services to improve the quality of life and social inclusion of those who experience mental health problems.



## What we did....

- Clinical Psychological Consultancy to consider rationale
- Initial scoping exercise proposed, comprising:
  - Review of existing literature basis
  - Review of existing supports provided to individuals with CP
    - Bobath Scotland
    - National mainstream supports (NHS)
  - Consultation with those who have lived experience of CP
  - Consultation with Practitioners specialising in CP supports
  - Consultation with national health specialists (Clinical Psychology)
- Timescale: October 2018 – Feb 2019



# What we found...

## **Existing Research Literature:**

- Identification of population prevalence of mental health difficulties:
  - Increased risk in children over 5 years old as well as those living with disabilities or chronic health conditions.
- Cerebral Palsy specific:
  - Developing understanding of the 'non-static' aspects of living, and ageing, with CP and impact on daily living, opportunities and overall sense of wellbeing.
  - Variability in access to services or in the help seeking of individuals with CP.
  - (Green (2018) The challenge of unmet mental health needs compounding physical disability and vice versa
  - Subsequent importance of early prevention and early intervention





## Based on our consultation:

- Experiences unanimously support the available literature:
  - Sparsity of comprehensive service provision (service user experience & NHS consultation)
  - Limited partnership working
  - Lack of clear care pathways
  - Poor signposting of available supports
  - No specialist CP services in the public sector
  - Some evidence of reactive mental health supports related to living with CP
  - No proactive/preventative or early intervention supports across the age ranges



## Based on our consultations (cont):

- Agreement of both the need & recognition of service gaps in service provision across the lifespan:
  - E.g. adjustment to diagnosis, infant, child, parent/family/sibling support, transitions, adolescence and social developmental priorities, school – further education – employment – relationship – aging with CP...
- Service provision arena
  - Gaps/NHS
  - Working collaboratively/in partnership
  - Evidence based practice
  - Systematic identification of the wider wellbeing needs (mental health)



# Conclusions and recommendations

- Agreed need to operationalise our focus on promoting the overall wellbeing of service users and their families/carers.
- Adopting a wellbeing promoting framework for our practice.
  - Promoting person-centred, goal based support.
- Measuring outcomes following service provision (Governmental priority)
- I.ROC (Individual Recovery Outcome Counter)



## Next Steps?

- Training complete.
- Autumn 2019: Commence using the tool with all users attending Bobath for blocks of interventions
- Use to establish baselines, develop intervention plans and evaluate outcomes.
- The aim is to meet individual need and quantifiably identify specific areas where further service developments or multiagency collaborations may be indicated.
- Develop a common language for multiagency collaboration in line with the Government's commitment to integrated service provisions.
- October 2020: Feeding back on our overall findings.



**Questions?**